

New England Psychological Services, LLC

HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information. We are required by law to do this. These laws are complicated, but we must provide you with important information. This pamphlet is shorter than the full, legally required **Notice of Privacy Practices** that is available upon request. However, we cannot cover all possible situations, so please talk to our Privacy Officer about any questions or problems you may have.

We will use the information about your health that we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities that are called, in the law, health care **operations**. After you have read this **Notice of Privacy Practices**, we will ask you to sign a consent form authorizing us to use and share your information. If you do not consent and sign this form, we cannot treat you.

If you or we want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep your health information private but there are some times when the law requires us to use or share it such as.

- When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
- Some lawsuits and legal or court proceedings.
- If a law enforcement official requires us to do so.
- For Workers Compensation and similar benefit programs.

There are some other situations like these, but they do not happen very often. They are described in the longer version of the Notice of Privacy Practices.

Your Rights Regarding Your Health Information

1. You may ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you may ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask to limit what we tell certain individuals involved in your care or the payment of your care, such as family members and friends; excepting cases that might be a violation of law, or a medical emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You may even get a copy of these records, but we may charge you. Contact our Privacy Officer to arrange to see your records.
4. If you believe the information in your records is incorrect or incomplete, you may ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make these changes.
5. You have the right to a copy of this Notice; and to a copy of the full, legally required Notice. If we change this Notice, we will post it in our waiting room and you may always get a copy from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Dr. Richard Nardine, Psy. D. at 508-485-4856.

The effective date of this notice is April 14, 2003.